

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard W. Gross, et al. :
: Art Unit: 1652
Serial No.: 10/786,505 :
: Examiner: Raghu, Ganapathiram
Filed: February 25, 2004 :
:
For: CALCIUM INDEPENDENT :
PHOSPHOLIPASE A2^{epsilon} :
POLYNUCLEOTIDES AND :
POLYPEPTIDES AND :
METHODS THEREFOR :

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Amendment in Response to Office Action dated August 8, 2006 (27pgs.)

STATUS

2. Applicant
 X claims small entity status.
 is other than a small entity.
-

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u> </u> first month	\$ 120.00	\$ 60.00
<u> </u> second month	\$ 450.00	\$ 225.00
<u> X </u> third month	\$ 1,020.00	\$ 510.00
<u> </u> fourth month	\$1,590.00	\$ 795.00
<u> </u> fifth month	\$2,160.00	\$1,080.00

Fee: \$510.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

 An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$25.00 = \$		x \$50.00 = \$
INDEP.	MINUS	=		x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$

FEE PAYMENT

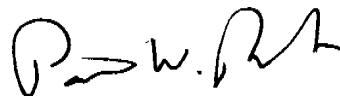
5. Attached is a check in the sum of \$
- X Charge Deposit Account No. 01-2384 the sum of \$510.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. Other:



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